MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10781

10782 **CERTIFICATE OF DEATH** Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rural Mechanicsville
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location) R.F.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) H. (Last) Bosse

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 27 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 2 Days 23 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: owne farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Fredrick Bosse

14. MOTHER'S MAIDEN NAME: Emma Rockstroh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-22-0232

17. INFORMANT & ADDRESS: Mrs Caroline M. Bosse Mechanicsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

453.1

IMMEDIATE CAUSE (A) Thrombo angeitis obliterans — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary thrombosis

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1954, to Nov 18, 1954, that I last saw the deceased alive on Nov 18, 1954, and that death occurred at 3.20 P.M. from the causes and on the date stated above.

SIGNATURE Raymond Luther M.D. ADDRESS Mechanicsville DATE SIGNED 11/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-22-54

NAME OF CEMETERY OR CREMATORY St Pauls Lutheran

LOCATION (City, town, or county) (State) New Market St Marys Md

DATE REC'D BY LOCAL REGISTRAR 11-20-54

REGISTRAR'S SIGNATURE Rich F. Locker Deputy

24. FUNERAL DIRECTOR Jos C. Mattingly

ADDRESS Leonardtown Md.

RECEIVED
NOV 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10782

10783

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY: Saint Mary's; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) I. (Last) Brawner

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 1896

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Brawner

14. MOTHER'S MAIDEN NAME: Lula Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mary L. Johnson ::: White Plains, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 11/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/24/1954
NAME OF CEMETERY OR CREMATORY: Saint Josephs Cemetery
LOCATION (City, town, or county) (State): Pomfret, Maryland

DATE REC'D BY LOCAL REG.: Nov. 21, 1954
REGISTRAR'S SIGNATURE: H. Bean M.D.

24. FUNERAL DIRECTOR: Huntt & Ryon Funeral Home:: ADDRESS: Waldorf, Md.

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NOV 25 1954
BUREAU V. S.

10784

10783

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural St George Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Bennett	Brown	Nov.	14	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	Jan. 25 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Brown	Ellen Burroughs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Mrs Mable B Poe St George Island

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary occlusion	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis	6 years
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 14, 1954, that I last saw the deceased alive on Nov 14, 1954, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P Bean	MD	Ferry Point Md	11/15/54

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-17-54	St Francis Xavier	St George Island, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-15-54	P Bean MD Local	Jos. C. Mattingley	Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1954
BUREAU V. S.

10785

10784
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddox — LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Maddox
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Edmund (Last) Bullard

4. DATE OF DEATH (Month) Nov. (Day) 12 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Aug 11 1949	5 yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U.S.A.

13. FATHER'S NAME: Robert E. Bullard

14. MOTHER'S MAIDEN NAME: Betty Lough Bullard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Mrs Robert E Bullard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Penetrating bullet wound of skull — minutes
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none		Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Maddox	St Mary's	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
11 12 54 P. M.		self inflicted gunshot wound.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Lane M.D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 11/12/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 14, 1954	Christ Church Cemetery	Chaptico	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-14-54	Robt L. Locke (acting)	Jos C. Mattingley	Leonardtown, Md.

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NOV 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10785

10786

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Leonardtown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Valley Lee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	Frank	Butler	Nov.	14	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	Jan 18 1900	54 yrs.	9	26		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Butler	Josephine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

159X
Immediate cause (a) Carcinoma - originating in
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) upper gastrointestinal tract 1/2
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia -

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	no operation	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Oct, 1954, to 14 Nov, 1954, that I last saw the deceased alive on 14 Nov, 1954, and that death occurred at 8:00 PM, from the causes and on the date stated above.

SIGNATURE and Degree or title: by Snyder M.D. — ADDRESS: Mechanicsville — DATE SIGNED: 11/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-16-54	St Georges	Valley Lee	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-15-54	P.J. Geary M.D. Local	Jos C. Mattingly	Leonardtown Md.

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NOV 17 1954
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10786

Reg. Dist. No. 2 8 C

1. PLACE OF DEATH
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddux X
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) maddux

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Lewis (Last) Cheely

4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 1954

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 12-17-1892

9. AGE Last birthday 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Abram Cheely

14. MOTHER'S MAIDEN NAME Henrietta Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT John Abram Cheely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic bronchitis
(c) acute pleurisy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12-, 1954 to 11-15-, 1954, that I last saw the deceased alive on 11-13-, 1954, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (Degree or title) ADDRESS Leonardtown Md. DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 11-17-54 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) Barstow Md

DATE REC'D BY LOCAL REG. 11-16-54 — REGISTRAR'S SIGNATURE Robert V. Palmer

24. FUNERAL DIRECTOR Joseph C Mattingly — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

10788

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10787

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridge x | MARYLAND | LENGTH OF STAY (In this place): Life | HOSPITAL OR INSTITUTION OR STREET ADDRESS: — x

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridge x | STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARK (Middle) Antony (Last) Hewlett

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) — | 8. DATE OF BIRTH: 9-2-1954 | 9. AGE last birthday: yrs. | If under 1 year: Months 1, Days 23 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Hewlett | 14. MOTHER'S MAIDEN NAME: Dora Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Charles A. Hewlett Ridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to or indicated

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: none | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH: none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Leonardtown Md DATE SIGNED: 11/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-25-54 | NAME OF CEMETERY OR CREMATORY: St Peters | LOCATION (City, town, or county) (State): Ridge Md

DATE REC'D BY LOCAL REG. 11-25-54 | REGISTRAR'S SIGNATURE: Robt. J. Lockeart | 24. FUNERAL DIRECTOR: Jos C. Mattingly | ADDRESS: Leonardtown Md

+0041955311

RECEIVED
NOV 30 1954
BUREAU V. S.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10788 / 10789

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND — CITY (If outside corporate limits, write RURAL) OR TOWN Rural Oraville — LENGTH OF STAY (in this place) 2 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oraville — STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Melvina (Last) Morgan

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single — 8. DATE OF BIRTH: Oct. 5, 1932 — 9. AGE last birthday: 2 yrs — IF UNDER 1 YEAR: Months 1 Days 9 — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: John Mitchell Morgan — 14. MOTHER'S MAIDEN NAME: Elizabeth V. Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: John M. Morgan Oraville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 d.

ANTECEDENT CAUSE (B) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 — 19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12 1954, to Nov 14, 1954, that I last saw the deceased alive on Nov 14, 1954, and that death occurred at 2.06 P M. from the causes and on the date stated above.

SIGNATURE Roy Smyther M. D. ADDRESS Mechanicsville, Md. DATE SIGNED 11-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-16-54 — NAME OF CEMETERY OR CREMATORY St Joseph — LOCATION (City, town, or county) Morganza — (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-19-54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Jos. S. Mattingley — ADDRESS Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10789

10790

CERTIFICATE OF DEATH

Reg. Dist. No. 280

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural St Mary's City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) O'Connor

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Nov. 16, 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Francis O'Connor

14. MOTHER'S MAIDEN NAME: Joyce Ann Laquillante

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: John F. O'Connor St. Mary's City Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7600

IMMEDIATE CAUSE (A) Cerebral Hemorrhage DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: One day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 17 1954 to Nov 17, 1954 that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 11.50 AM, from the causes and on the date stated above.

SIGNATURE R J Bean MD M. D. ADDRESS Great Mills md DATE SIGNED Nov 18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-19-54 | NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery | LOCATION (City, town, or county) (State) 520 N. Charles Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR Nov 18/54 | REGISTRAR'S SIGNATURE R J Bean MD | 24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10791

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10791

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH. COUNTY St Mary's. MARYLAND. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlotte Hall. LENGTH OF STAY (in this place) 1 year 7 Months. HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlotte Hall. STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Walter (Last) Redmond

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1954

5. SEX: Male. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower. 8. DATE OF BIRTH: July 21 1865. 9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months —, Days —. IF UNDER 24 HRS.: Hours —, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail-road Bx o. 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland Howard. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jessie J. Redmond

14. MOTHER'S MAIDEN NAME: Clark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Walter J. Redmond Charlotte Hall Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Mitral regurgitation. INTERVAL BETWEEN ONSET AND DEATH —

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Old age. DUE TO

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953 to Nov 29 1954 that I last saw the deceased alive on Nov 26, 1954, and that death occurred at 3 00 P M, from the causes and on the date stated above.

SIGNATURE Lemuel Southern M.D. ADDRESS Charlotte Hall Md DATE SIGNED 1-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec 2-1954 NAME OF CEMETERY OR CREMATORY St John's LOCATION (City, town, or county) (State) Howard Co. Md

DATE REC'D BY LOCAL REGISTRAR Dec. 1-1954 REGISTRAR'S SIGNATURE Elmer S. Canter

24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

10792

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10791

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Thomas (Last) St Clair

4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	July 4 1881	73 yrs.	4	7		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Maryland St Marys	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—		Jos. E St. Clair Patmers Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Indefinite
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none	none	Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH:	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
none	none	—		

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
none M.	none	none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-25-54	Sacred Heart	Bush Wood St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/24/54	Robt. J. Locke Jr. Deputy	J. H. C. Mattingly & Son	Leonardtown Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10793

CERTIFICATE OF DEATH

10792

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Mary's Co.
STREET ADDRESS (If rural give location): Loveville

3. NAME OF DECEASED: (Type or Print) (First) M. Ann (Middle) (Male) (Last) Stewart

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 7-54

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 15 Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Baker - Ideal Bakeries

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Louis Stewart

14. MOTHER'S MAIDEN NAME: Margaret Somerville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (no) or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Loveville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — Interval Between Onset And Death: 15 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Premature birth — 5½ months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1954, to Nov. 7, 1954, that I last saw the deceased alive on Nov. 6, 1954, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

SIGNATURE: A. Bowen — (Degree or title): M.D. — ADDRESS: Great Mills, Md. — DATE SIGNED: 11/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 11-9-54 — **NAME OF CEMETERY OR CREMATORY:** St. Joseph's — **LOCATION** (City, town, or county) (State): Morganza Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 8/54 — **REGISTRAR'S SIGNATURE:** A Bowen Jr — **24. FUNERAL DIRECTOR:** Jos. C. Mattingly — **ADDRESS:** Leonardtown Md.

20X4201991 Local

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10793

10794 CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Saint Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Mary's City

LENGTH OF STAY (in this place) 3 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Florida — COUNTY Pasco

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Antonio

STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) Teresa (Last) Wells

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 24, 1900

9. AGE last birthday: 54 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Tennesse

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Grief

14. MOTHER'S MAIDEN NAME: Theresa Hannoble

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT & ADDRESS: John J. Wells ::: St. Mary's City, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 minutes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19....., to 11-7-54, 19 54, that I last saw the deceased dead / ~~alive~~ on ..... , 19 ..., and that death occurred at 11-9-54, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS: Dunnellon Mills Fla. — DATE SIGNED: 11-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 11/10/1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): San Antonio Florida

DATE REC'D BY LOCAL REGISTRAR: 11/10/1954 — REGISTRAR'S SIGNATURE: P.J. Deagan, M.D. Local registrar

24. FUNERAL DIRECTOR: P.B.Robinson ::: Leonardtown, Maryland — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10794

10795

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Items 7, 11, 13, 14 filmed 174 12-14-54 et

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Charlotte Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Color

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH:

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: St Mary's Hospital Leonardtown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Gangrene Small of Leg

ANTECEDENT CAUSE (B) DUE TO + Ulcers + Delirium Tremens

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Anemia

(C)

561.5

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1954, to 20, 19 54 that I last saw the deceased alive on Nov 20, 19 54, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Leonardtown DATE SIGNED 11.22.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-22-54 | NAME OF CEMETERY OR CREMATORY U. S. Maryland Nat. Cem. Baltimore Md. | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 12/2/54 | REGISTRAR'S SIGNATURE Robert Locke mort | 24. FUNERAL DIRECTOR Jos C. Mattingly Jr. | ADDRESS Leonardtown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10795

10796

CERTIFICATE OF DEATH

Reg. Dist. No. 2 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY St Marys MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown; LENGTH OF STAY (in this place) 12 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsville; STREET ADDRESS (If rural give location) R F D #1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Clarence (Last) Wood

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: Oct 19 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 6 Days 3; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor by the day

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Al Wood

14. MOTHER'S MAIDEN NAME: Dora Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Elwood Curtis Mechanicsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Mitral Fibrillation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Arterial Nephrosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Age & Loss of mind & refusal to take nourishment

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED White at work ☐ Not white at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10 - 1954 to Nov 23, 1954 that I last saw the deceased alive on Nov 21 - 1954 and that death occurred at 2.30 P M, from the causes and on the date stated above.

SIGNATURE Francis F Kenneally M. D. ADDRESS Leonardtown Md DATE SIGNED Nov 24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. DATE THEREOF 11-26-54 NAME OF CEMETERY OR CREMATORY St Joseph LOCATION (City, town, or county) (State) Morganza Md

DATE REC'D BY LOCAL REGISTRAR 11-25-54 REGISTRAR'S SIGNATURE Robt L. Lockefacting

24. FUNERAL DIRECTOR Jos C. Mattingley Sons ADDRESS Leonardtown

RECEIVED
NOV 30 1954
BUREAU V. S.